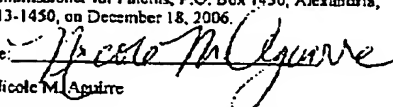
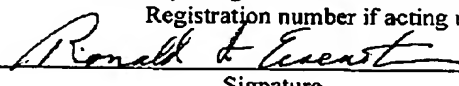


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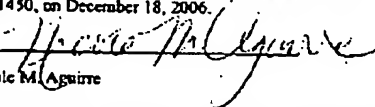
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 701586-050174-DIV
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]		In re Application of Adam Lerner et al.
I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee," Label No. EV 653 004 310 US service under 37 C.F.R. section 1.10, is addressed to MAIL STOP RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on December 18, 2006.		Application Number 10/060,759 Filed 01/30/2002
Signature:  Name: Nicole M. Aguirre		For COMPOSITIONS AND METHODS FOR THE TREATMENT OF CHRONIC LYMPHOCYTIC LEUKEMIA
Group Art Unit 1614		Examiner Phyllis G. Spivack
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and appropriate entity fee are as follows (check time period desired):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)		\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)		\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)		\$ 510.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)		\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)		\$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status.		
<input type="checkbox"/> A check to cover the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380. I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record.		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).		
Registration number if acting under 37 CFR 1.34(a) _____		
 Signature		December 18, 2006 Date
Ronald I. Eisenstein (Reg. No. 30,628) / Leena H. Karttunen (1,0207) Typed or printed name		(617) 345-6054 / 1367 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of _____ forms are submitted.		

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02 FC:2253 510.00 DA

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Signature:  Name: Nicole M. Aguirre		Application Number 10/060,759 Filed 01/30/2002
For COMPOSITIONS AND METHODS FOR THE TREATMENT OF CHRONIC LYMPHOCYTIC LEUKEMIA		
Group Art Unit 1614		Examiner Phyllis G. Spivack

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<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$ _____

☒ Applicant claims small entity status.

☐ A check to cover the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

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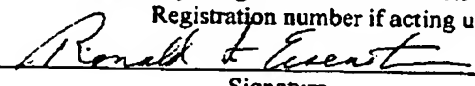
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☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____


Signature

December 18, 2006
Date

Ronald J. Eisenstein (Reg. No. 30,628)/Leena H. Karttunen (1,0207)
Typed or printed name

(617) 345-6054/1367
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.